

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Lounsberry et al.
Title: METHOD AND APPARATUS FOR
ASSOCIATING A FIELD
REPLACEABLE UNIT WITH A
MEDICAL DIAGNOSTIC SYSTEM
AND RECORDING OPERATIONAL
DATA
Appl. No.: 09/450,264
Filing Date: 11/29/1999
Examiner: Lau, Tung S.
Art Unit: 2863

CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on the date below: <u>Chris Escavaille</u> (Printed Name) <u>Chris Escavaille</u> (Signature) <u>10/25/02</u> (Date of Deposit)
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REPLY AND AMENDMENT

Commissioner for Patents
Box AMENDMENT
Washington, D.C. 20231

Sir:

This reply is intended to be fully responsive to the Office Action mailed on August 12, 2002 . Please amend the application as follows. Marked up versions of the claims amended below have been included as Appendix A of this amendment in accordance with 37 C.F.R. § 1.121.

In the Claims

Please amend claim 7 as follows:

7. (Once Amended) A method for associating a field replaceable unit with a medical diagnostic system, the method comprising:
- querying for information on a field replaceable unit to be associated with a medical diagnostic system by sending a query to an electronic device associated with the field replaceable unit;
 - receiving identification information on the field replaceable unit from the electronic device;

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CHRIS ESCAUVILLE	(Printed Name)
<i>Chris Escaville</i>	(Signature)
10/25/02	(Date of Deposit)

AMENDMENT TRANSMITTAL

BOX AMENDMENT
Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ The fee required this amendment is calculated below:

	Claims as Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	23	—	22	=	1	x	\$18.00	=	\$18.00
Independents:	4	—	3	=	1	x	\$84.00	=	\$84.00
First presentation of any Multiple Dependent Claims:						+	\$280.00	=	\$0.00
CLAIMS FEE TOTAL:									\$102.00
Supplemental IDS fee in accordance with 37 CFR §1.17(p):									\$180.00
Terminal Disclaimer fee in accordance with 37 CFR §1.20(d):									\$110.00
TOTAL FEE:									\$392.00

☒ Supplemental IDS under 37 CFR §1.56 with references and fee.☒ Terminal Disclaimer and fee.☒ A check in the amount of \$392.00 is enclosed.

- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 10/25/02

By 

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Facsimile: (414) 297-4900

Jeffrey S. Gundersen
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